

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/088263

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
6	/	/	/	/		
7	/	/	/	/		
8	/	/	X	X		
9	/	/	X	X		
10	/	/	X	X		
11	/	/	X	X		
12	/	/	/	/		
13	/	/	/	/		
14	/	/	/	/		
15	/	/	X	X		
16	/	/	X	X		
17	/	/	X	X		
18	/	/	/	/		
19	/	/	/	/		
20	/	/	/	/		
21	/	/	X	X		
22	/	/	X	X		
23	/	/	X	X		
24	/	/	/	/		
25	/	/	/	/		
26	/	/	X	X		
27	/	/	X	X		
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32	/	/	X	X		
33	/	/	/	/		
34	/	/	/	/		
35	/	/	/	/		
36	/	/	X	X		
37	/	/	X	X		
38	/	/	X	X		
39	/	/	X	X		
40	/	/	X	X		
41	/	/	X	X		
42	/	/	X	X		
43	/	/	X	X		
44	/	/	X	X		
45	/	/	X	X		
46	/	/	X	X		
47	/	/	X	X		
48	/	/	X	X		
49	/	/	X	X		
50	/	/	X	X		
TOTAL IND.	2		2			
TOTAL DEP.	44		20			
TOTAL CLAIMS	46		22			

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								